

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
O.I.P.E. CLASSIFIER		59	2201
FORMALITY REVIEW	AA	961	03/30/01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 / ..... Restricted O ..... Objected

Claim	Date	Claim	Date	Claim	Date
Final		Final		Final	
Original	16/1/01	Original	51	Original	101
1	/✓	2		3	
3	/✓	4		5	
4	/✓	5		6	
5	/✓	6		7	
6	/✓	8		9	
7	/✓	10		11	
8	/✓	12	/N	13	/N
9	/✓	14	/N	15	/N
10	/✓	16	/N	17	/N
11	/N	18	/N	19	/N
12		20		21	
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If more than 150 claims or 10 actions  
staple additional sheet here

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